

HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, PACIFIC TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL.: 587-0460 FAX: 587-0470

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LOBBYIST REGISTRATION FORM

		this form for instructions) oe or Print Clearly)	SIA'E OF HA	A W A 11	
	(1)YE	e of Fisht Clearly)	STATE ETHICS CO		
PART I LOBBYIST					
NAME (Last)	(First)	(Middle)		TELEPHONE	
CHANG,	ANDREW	I.T.			
MAILING ADDRESS	(Street)	(City)	(State)	(Zip Code)	
P.O. Box 730		Honolulu	HI	96808-0730	
EMPLOYING ORGANIZA	TION (Fill in only if you are employed	by a business entity which has be	een retained to lobby)	TELEPHONE	
MAILING ADDRESS	(Street)	(City)	(State)	(Zip Code)	
PART II ORGANIZAT					
NAME OF ORGANIZATION	ON YOU LOBBY FOR (Do not abbi	reviate)	, , , , , , , , , , , , , , , , , , , ,	TELEPHONE	
PACIFIC ENERGY C	ONSERVATION SERVICES	S. INC.			
MAILING ADDRESS	(Street)	(City)	(State)	(Zip Code)	
900 Richard Street		Honolulu	НІ	96813	
NAME OF PERSON RES	PONSIBLE FOR PREPARING OR			TELEPHONE	
Debra M.K. Oyadomo	ori			532-5861	
MAILING ADDRESS	(Street)	(City)	(State)	(Zip Code)	
P.O. Box 730		Honolulu	HI	96808-0730	
				90808-0730	
	ON OF SUBJECTS UPON WH	ICH YOU EXPECT TO LO	BBY		
Agriculture	Education	Human Services		ce Technology & omic Development	
Communications & Public Utilities	Government Operations Finance	& Intergovernmental Rela International Affairs			
Consumer Protection 8 Commerce	Hawaiian Affairs	Labor & Employment	Trans	Transportation	
Culture, Arts, Historic Preservation	Health	Planning, Land & Wate Use Management	or Other:	(indicate below)	
Ecology, Energy, Environmental Protect	Housing	Public Safety & Correc	tions		
PART IV CERTIFICAT					
nereby certify that t	he information furnished above	is, to the best of my knowl	edge, correct and	complete.	
_ Gud	rew han	,	1/5/0	7	
	(Signature of Lobbyist)		(Da	nte)	
PART V AUTHORIZA	TION TO LOBBY				
NAME		TITLE OF AUTHORIZIN	G OFFICER OR PE	RSON REPRESENTED	
Patricia Wong		Secretary			
NAME OF ORGANIZATIO	N (If applicable)	Goordiary		TELEPHONE	
Pacific Energy Conse	rvation Services. Inc.				
MAILING ADDRESS	(Street)	(City)	(State)	(Zip Code)	
900 Richards Street		Honolulu	HI	96813	
I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.					
MA	P		1/16/07	J	
(Signature	of Authorized Officer or Person Re	presented)	(Da	te)	